

# APPLICATION FOR USE OF EXISTING SEPTIC SYSTEM

8/99

Permit to connect \_\_\_\_\_

Field Evaluation \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NAME AND MAILING ADDRESS OF PROPERTY OWNER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE (Days):** \_\_\_\_\_

**IDENTIFICATION OF PROPERTY TO BE EVALUATED:**

**COUNTY:** \_\_\_\_\_

**ASSESSOR'S PARCEL NO.** \_\_\_\_\_

**LEGAL DESCRIPTION** (Give subdivision, lot, block, or attach Metes and Bounds):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**DRIVING**

**DIRECTIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF USE PROPOSED:**

\_\_\_ Residential (single family). Number of Bedrooms: \_\_\_\_\_

\_\_\_ Commercial or Multi-family. Describe number of bedrooms, units, employees, shifts, type of business, etc.

\_\_\_\_\_

**KNOWN ENCUMBRANCES** (Neighbor's wells, easements, covenants, flood zones, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE EXISTING SYSTEM WAS INSTALLED, OR OLD PERMIT NUMBER:**

\_\_\_\_\_  
\_\_\_\_\_

**WATER SUPPLY:**

No. of homes supplied:    \_\_\_ One  
                                      \_\_\_ Two  
                                      \_\_\_ More than two.

Please show the well or spring site and water pipelines on the plot plan.

**SIGNS OF FAILURE:** Are any of the following present?

\_\_\_ Sewage backing up into the house  
\_\_\_ Slowly draining fixtures  
\_\_\_ Sewage rising to the surface of the ground outside  
\_\_\_ Luxuriant grass growth over or near the drainfield

**EXCAVATIONS** (for Field Evaluations):

In order to evaluate a septic system, we must be able to verify its size and location, and soil type and depth. Please expose the ends of each of the drainfield laterals, and the top of the septic tank. The soil type and depth is best discovered by examination of a set of test holes dug by a backhoe to a depth of at least three feet below the bottom of the drainfield trenches. In areas that may be subject to high ground water tables in the Spring or during irrigation season, test hole monitoring may be required during the high ground water season.

Please have your backhoe operator contact the Health District to set up an appointment to inspect these excavations.

**APPLICANT'S STATEMENT:** I will comply with the rules and regulations of the Chelan-Douglas Health District for on-site sewage systems in the use and maintenance of this system. I understand that any filling or grading in or below the drainfield area or replacement area may invalidate any approval granted for this application. In the event my permit is denied, I understand I have the option of appeal.

\_\_\_\_\_  
(Applicants Signature)

**PLOT PLAN. PLEASE SHOW:**

Property lines with dimensions  
Adjacent streets and roads  
Buildings - proposed and existing  
Driveways and parking areas  
Water lines and wells, including neighbor's wells  
Septic tank and drainfield area  
Drainfield replacement area  
Surface waters  
Existing easements, other encumbrances

DO NOT WRITE BELOW THIS LINE

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## **CHELAN-DOUGLAS HEALTH DISTRICT**

### **PERMIT TO USE AN EXISTING ONSITE SEWAGE SYSTEM**

This permit application is approved as per the requirements of WAC 246-272-09001. Operation and maintenance of the system shall conform to the requirements of WAC 246-272-15501. This permit is valid only for the property and improvements described in the application. A system conforming to the provisions of WAC 24-272 will be required in the event the existing system fails or if expansion of the use of the system is proposed.

**PROPERTY DESCRIPTION:**

\_\_\_\_\_  
\_\_\_\_\_

Previous Permit No. \_\_\_\_\_

Permit No. \_\_\_\_\_

By: \_\_\_\_\_

**Additional Requirements:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Issue